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## Macerated Fetus

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weeks. Enemas were given to prevent fecal material from packing in the rectum, and mineral oil was administered to aid in keeping the feces soft. A restricted diet of soft food and leafy hay was also advised. With very careful nursing she was healed in time to be bred that season.

Two weeks later the second mare started to foal. The foal's entire head was protruding from the anus and the forelegs were protruding from the vulva. The foal was at once pushed back and delivered normally. Examination revealed an enormous tear in the vagina and rectum. By working through the vagina, the ragged edges of the torn rectum were united with interrupted sutures of No. 2 chromic type cat gut. Many sutures were required, some catching considerable tissue and some entering only the margin of the tear. No attempt to suture the vagina was made because seepage from the rectum must drain into the vagina. Then, too, vaginal tears heal readily without assistance. Since the pelvic region and organs are quite numb following foaling, no anesthesia was used. A twitch was employed at times for a short interval and one front leg was held up as protection against being kicked. The mare was left on a restricted diet of laxative feed with a daily dose of mineral oil. Sulfanilamide was given in view of the possibility of peritonitis. It was necessary to irrigate the posterior part of the vagina frequently. Several days after the sutures were absorbed and the wounds contracted, the diet was increased and exercise allowed.

In the third mare which foaled one week later the colt's forefeet protruded from the anus and the head was retained. The foal was pushed back, straightened and delivered. No anesthesia was employed; the same methods of restraint as in the case of the second mare were used. The tear was not as extensive and a better job of suturing was possible. The same operative technique and treatment were used on this mare as on the second one. When last examined, she was found to be completely healed.

Accidents of this type are not unusual but to have three mares of different line-

age, but bred to the same stallion and owned by the same man, all foal within the same month and have the same accident is hard to explain. At least the author found it so in talking to the owner.

—Dr. A. H. Davidson, '37, Lexington, Ky.

### 3

**Macerated Fetus.** A six year old Guernsey cow was brought to the clinic Nov. 23, 1940. The history received was that the normal gestation period had expired on May 28, 1940, without any apparent sign of parturition. Although the cow possessed a good appetite she was quite emaciated. A tenacious muco-purulent exudate was discharging from the vulva.

Examination per rectum revealed a mass of bones in the body of the uterus whose walls showed considerable thickening. A persistent corpus luteum was found in the left ovary. A vaginal examination showed that the cervical seal had been broken and sufficient dilatation of the cervix permitted the passage of one finger. Breaking of the cervical seal had allowed infection to enter the uterus causing a chronic metritis and maceration of the fetus. The fetus was probably four or five months old when development had ceased.

On Dec. 3, the vagina was irrigated with a 2 percent Therapogen solution. The retained corpus luteum in the left ovary was expressed per rectum, the ovary being compressed in the hand for a few minutes in an effort to control the hemorrhage. Two days after expressing the corpus luteum the cow began to strain. However, there was no visible external preparation for parturition. A rectal examination revealed no change in the condition of the uterus.

The cow was placed in the stocks Dec. 7, and an attempt was made to remove the fetal bones. Due to the fact that the dilatation of the cervix was only sufficient to permit the passage of the cervical forceps into the uterus, it was impossible to remove any of the bones. Rectal palpation



**Uterus with macerated fetus**

on Dec. 9, showed no change in the genital tract.

On Dec. 10, the cow died. Necropsy revealed a generalized fibrino-purulent peritonitis, apparently originating in the region of the reticulum at a point where two nails were adherent to its edges. Adhesions were found between the reticulum and the diaphragm. Metastatic abscesses were present in the liver. There was a pleuritis with diaphragmatic adhesions. A conglomerate mass of fetal bones was found lying in the body of the uterus; the walls of the uterus were greatly thickened, especially the mucosa, due to the chronic purulent metritis.

—C.D. Sours, '41

#### 4

**Atresia Coli.** A month-old calf was admitted to the Iowa State College Veterinary Clinic on Jan. 20, 1941. The calf would drink milk sparingly, and the abdominal cavity appeared to be distended with gas. The owner reported that as long as the calf was nursing the cow it appeared normal, but when "pail-fed" again, it promptly bloated. The owner had given the calf a cathartic a few days previous to its entry into the clinic, but reported negative results. The calf's visible mucous membranes were "muddy," which was evidence of a possible toxemia, but otherwise it appeared to be in fair condition.

The calf was given an enema when first

admitted to the clinic; the tube being introduced about 30 inches into the rectum and colon. One-half gallon of warm water was allowed to gravitate into the colon. This was retained for some time by the calf so pressure was applied to the abdomen and the water forced out, washing out a white mucous plug about 18 inches long, but no fecal material. The next day the calf was unable to stand. No hope was held for its recovery, so the clinicians decided to submit the calf for post-mortem examination. Euthanasia was accomplished by electrocution, employing 115 volts of A. C. for 30 seconds.

#### Necropsy

The most important changes were confined to the forestomachs, small intestine, cecum, and to about 20 inches of the large colon. These were very hyperemic and distended with ingesta, fecal material and gas. The alimentary tract ended abruptly in a blind pouch about 20 inches posterior to the cecum; there was no trace of a connection between it and the terminal portion of the colon, nor was there any evidence that such a connection had ever been present. The terminal colon was overlapped by the distended portion for about 7 inches, but the mesenteric blood vessels did not appear to be pulled out of position. It is logical to assume that there had never been a direct connection between the two blind ends. The wall of the posterior colon and the rectum was apparently normal, but the lumen was only large enough to admit an enterotome blade, probably because it had never functioned.

There was a catarrhal inflammation of the wall of the anterior colon, and the lumen contained a light chocolate colored, offensive smelling liquid and clumps of fecal material. Thus, the "muddy" membranes were due to stercoræmia. The peculiar dietary behavior of the calf was probably due to the fact that when with the cow it nursed often, but took only a small amount of milk at a time. As a consequence it never had more food material in its digestive tract than it could quickly digest and absorb, so there was no over-